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PAGE 1/3 * RCVD AT 8/12/2008 7:17:19 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/45 * DNIS:2738300 * CSID:714 546 9035 * DURATION (mm-ss):00-58

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Request for Withdrawal as Attorney or Agent and Change of

Correspondence Address. Application No. 10/578,122

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	Application Number	10/578,122 CENTRAL FAX CEN	ref
REQUEST FOR WITHDRAWAL	Filing Date	02-07-2007 CENTRAL TOO	
AS ATTORNEY OR AGENT	First Name Inventor	John Mak AUG 1 2 2008	
AND CHANGE OF	Art Unit	3744	
CORRESPONDENCE ADDRESS	Examiner Name	DOERRLER, WILLIAM CHARLES	
	Attorney Docket Number	100325.0240US	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		The second secon	
Se withdraw me as ottomov or agent for	Harabara (da lasgua) al la la		

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I		attorney or agent for	tne aoo	ve identified	patent application	i, and
1_	all the attorneys/agents of record.					
1	the attorneys/agents (with registration numbers) listed on the attached paper(s), or					
│	the attorneys/agents associated with Customer Number 34284					
NOTE	NOTE: This box can only be check when the power of attorney of record in the application is to all the practitioners associated with a customer number.					
The reasons	for this req	uest are:				
Attorney and agents left this customer number 3/3/2007. It was agreed that attorney or his agents would file new powers of attorney for requested client transfers. Attorney has not filed a new power of attorney or has not changed their correspondence address. Therefore, we request withdrawal as power of attorney, and that the correspondence address be changed.						
	CORRESPONDENCE ADDRESS					
The correspondence address is NOT affected by this withdrawal.						
2. Change the correspondence address and direct all future correspondence to:						
The address association with Customer Number:						
Firm or Individu	r ual Name	Robert Fish Fish & Associates, I	PC	***************************************		,_
Address		Street, Suite 1050			<u> </u>	
City	Irvine		State	CA	Zip	92614
Country	U.S.A.					
Telephone	949.253.9	069		Email rf	sh@fishiplaw.com	
Signature TED TED						
Name	Todd W. V	Vight		~~	Registration No.	45218
Date	21	12/08			Telephone No.	714.641.5100
and the expirati	wal is effective on date of a tin	when approved rather the ne period for response or	an when re possible e	eceived. Unles extension perio	ss there are at least 30 d, the request to withdr	days between approval of withdrawal aw is normally disapproved.
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